

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
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TOTAL IND.	2													
TOTAL DEP.	13													
TOTAL CLAIMS	15													

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS